

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR REIMBURSEMENT	CASE NO. PETITION NO.
Court address _____		Court telephone no. _____

1. In the matter of
 (name(s), alias(es), DOB)

2. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

3. _____, of
 Name(s) and relationship(s) to minor(s) _____
 _____ has(have) been found to be financially able to reimburse the
 Name of minor(s) _____
 court for costs incurred.

IT IS ORDERED:

4. Costs and expenses are assessed as follows:

- ☐ a. Court appointed attorney in the amount billed by attorney and approved by court; current charges \$ _____ .
- ☐ b. Minor's care, clothing, medical, dental, optical, and other needs that the court determines necessary,
 in the amount of: \$ _____ per _____, beginning _____
 Date
 \$ _____ per _____, beginning _____
 Date
- ☐ c. Court services of: \$ _____ per _____, beginning _____
 Date
- ☐ d. Other:

5. Reimbursement for the above charges shall be as follows:

_____ shall reimburse
 Name(s)
 the court at the rate of \$ _____ per _____, beginning _____
 Date
 continuing until the balance is paid in full. Payments are payable to _____
 Name and address
 _____ .

Please include the case number with payment.

6. Payments shall be applied against assessed charges as follows:

 Date

 Judge

Do not write below this line - For court use only